

1. A method for treating impaired filtration or excretion of a solute in the kidney, comprising administering to a patient an effective amount of a vascular endothelial growth factor (VEGF), wherein filtration or excretion of the solute is improved as compared to the pre-treatment condition of the patient.

2. The method of claim 1, wherein said VEGF is selected from the group consisting of native hVEGF121 (FIG. 6, SEQ ID NO: 1), native hVEGF145 (FIG. 7, SEQ ID NO: 2), native hVEGF165 (FIG. 8, SEQ ID NO: 3), native hVEGF189 (FIG. 9, SEQ ID NO: 4), and native hVEGF206 (FIG. 10, SEQ ID NO: 5).

3. The method of claim 1, wherein said VEGF lacks the ability to bind heparin.

4. The method of claim 1, wherein said VEGF is a native hVEGF121 (FIG. 6, SEQ ID NO: 1).

5. The method of claim 1, wherein said VEGF comprises a heparin-binding domain modified to render it incapable of binding heparin.

6. The method of claim 1, wherein said VEGF comprises an amino acid alteration within its heparin-binding domain.

7. The method of claim 1 comprising the administration of two or more VEGFs.

8. The method of claim 1, wherein said VEGF is coadministered with another angiogenic factor.

9. The method of claim 1, wherein the solute is sodium chloride.

10. The method of claim 1, wherein the impaired filtration or excretion of solutes comprises an aspect of hypertension.